

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

RECEIVED
MAR 22 2013

STEWENS, MARK E. KL-5989

411-90-7402

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

PENNSYLVANIA D.O.C.

C.O. CAINE

Sgt. ROPING

13 1521

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☐ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name MARK E. STEWENS
ID # KL-5989
Current Institution SEI CAMP HILL
Address P.O. BOX 200
CAMP HILL, PA 17001-0200

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name C. O. CAINE Shield # _____
 Where Currently Employed 8.6.I. CAMP HILL
 Address P.O. BOX 200
CAMP HILL, PA 17001-0200

Defendant No. 2 Name SGT. ROELING Shield # _____
 Where Currently Employed 8.6.I. CAMP HILL
 Address P.O. BOX 200
CAMP HILL PA, 17001-0200

Defendant No. 3 Name PA. D.O.C Shield # _____
 Where Currently Employed CAMP HILL
 Address 2520 LISBURN RD, PO. BOX 598
CAMP HILL PA 17001-0598

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? SCI
CAMP HILL

B. Where in the institution did the events giving rise to your claim(s) occur? _____
I-BLOCK

C. What date and approximate time did the events giving rise to your claim(s) occur? _____
3-2-13 / 3-3-13

D. Facts: See ATTACHED PAPERS

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

SERIOUSLY & MENTALLY CRUSHED

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

S.C.I. CAMP HILL

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? Denial OF Access To Services

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: BECAUSE THE C.O.S ARE VERY VANGUARD
I WOULD HAVE BEEN TREATED WORSE THAN
I AM NOW - I HAVE ASKED SEVERAL
OF THE C.O.S FOR FORM AND THEY DID NOT RESPOND
2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: MR. TAGEART
UNIT MANAGER, HE STATED HE WOULD TRY TO
GET ME ONE, HE DID NOT. SO I ASKED THE
C.O.S AND THEY DID NOT RESPOND. THEY
LAUGHED AT ME

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. THE C.O.S AND OTHER OFFICIALS
THINK THIS IS A JOKE

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). \$1,000,000,000 + ANY REVIEW
OF ALL RELIGIOUS FREEDOMS TOWARDS NATIVE
AMERICAN AND AN APPL. BY WRITING &
PUBLISHED IN NEWS PAPER

DC-804
Part 1
Rev 9/2010

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE
45066
GRIEVANCE NUMBER
45066

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Mr. Bell</i>	FACILITY: <i>S.C.I. Camp Hill</i>	DATE: <i>3-4-13</i>
FROM: (INMATE NAME & NUMBER) <i>STEVENS E. MUEK HI-5189</i>	SIGNATURE OF INMATE: <i>[Signature]</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <i>I-B-1-6</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

on this date I was issued a pass for Saw Tabery (a hold to call pass) my cell was not opened for it my cell was opened for day room at 9:00 I asked the C.O. in charge of the doors why I wasn't called out he stated it was for 8:00 so I was ^{not} allowed to go. I stated we could stay as long as the Saw Tabery was open but he still would not let me go. I have not control of the doors. So I was denied my legal right when I asked for a grievance form he said get back in.

B. List actions taken and staff you have contacted, before submitting this grievance.

Mr. Tabbert
WITNESSED THIS
EXCHANGE

Your grievance has been received and will be processed in accordance with DC-ADM 804.

[Signature]
Signature of Facility Grievance Coordinator

3/6/13
Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review

Issued: 12/1/2010
Effective: 12/8/2010

Attachment 1-A

1

GRIEVANCE NUMBER

OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS
1001 NORTH DALLAS STREET
DALLAS, TEXAS 75202-2710
TELEPHONE (214) 757-3000
FACSIMILE (214) 757-3000
WWW.AG.TX.GOV
E-MAIL AG@AG.TX.GOV
AG@STATE.TX.US
AG@STATE.TX.GOV

TO: FACILITY GRIEVANCE COORDINATOR <i>[Signature]</i>	FACILITY: <i>[Signature]</i>	DATE: <i>2-4-96</i>
FROM: (INMATE NAME & NUMBER) <i>[Signature]</i>	SIGNATURE OF INMATE: <i>[Signature]</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <i>[Signature]</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

- A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

My dear Mr. Garrison,
I have been thinking of you very much lately, and
wondering how you are getting on. I hope you are
well and happy. I have been very busy lately, but
I have managed to find some time to write you.
I have been thinking of you very much lately, and
wondering how you are getting on. I hope you are
well and happy. I have been very busy lately, but
I have managed to find some time to write you.

B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

3/1/3
Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review

Issued: 12/1/2010
Effective: 12/8/2010

Attachment 1-A

INMATE MUST TURN IN PASS IMMEDIATELY UPON COMPLETION OF THE PURPOSE FOR PASS	INMATE PASS SLIP		Date: <u>3/5/13</u>
	No. <u>KL5984</u>	Name: <u>Stevens</u>	
	Housing Unit: <u>I</u>	Cell Assignment: <u>046</u>	
	Destination: <u>LAW LIB</u>		
	ISSUING AUTHORITY	<u>CPH 3j</u> SIGNATURE	Time Out <u>0800</u>
DESTINATION AUTHORITY	SIGNATURE	Time In	
RETURN AUTHORITY	SIGNATURE	Time Out	
	SIGNATURE	Time Out	

anybody remember it
happened that happened
here in 1988 or 1989. In
not sure what it is
was, but I don't think
it was as serious as
the problems that the
C.O.'s are coming now. Of
D.O.C., has some major
problems but no one
wants to address them.

OK, now the C.O. that
denied me access to the
law library has caused a
ripple effect. Now I am not
getting the computer. I've
waited, because I did not
show up last time a
pass was issued on 3-3-13.

Something has got to
change. It seems to me that
one going out of their way
to cause problems. Does

Also enclosed is a
copy of a memo I
filed on a C.O. for
denying me access to
the law library as I
will copy the memo
you send me and buy
another with consent.
That matter. We will
see, as well as you, how
the science program
will proceed here &
will keep you posted.

3-8-13 of the drama
Continued

3-8-13 Continued was
received (that regarded) so
now I did not receive
a 3-30 pass for continued
studies not saved (I did)
discussed the problem
with my structural
division. He went down